

AUTO CR - LOG SUMMARY #1073129

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded to a domestic battery and attempted to place the subject [REDACTED] into custody, but he resisted arrest. Officer Traynor deployed his Taser to subdue [REDACTED] but it was not effective. Subsequently [REDACTED] threatened to kill himself, jumped out of a window and seriously injured himself.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KERO, ROBERT A		[REDACTED]	025 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
28-DEC-2014 08:25 - 28-DEC-2014 08:25	[REDACTED]	2535	025	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					M	WBH	[REDACTED]	
CPD Employee	Involved Member	TRAYNOR, CHRISTOPH J	8903	[REDACTED]	025 /	POLICE OFFICER	M	WHI	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	Y	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	N
Notification Other?	Y		
Notification Comments:	NOTIFICATIONS TO IPRA CHIEF ADMINISTRATOR, IPRA COORDINATOR AND IPRA SUPERVISOR VIA EMAIL		

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-DEC-2014 03:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 03:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 03:01	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	29-DEC-2014 06:23	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-DEC-2014 06:21	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-DEC-2014 06:19	DEAN, BRUCE	SUPERVISING INV COPA	113 /	edit
PENDING SUPERVISOR REVIEW	29-DEC-2014 02:18	BOWENS, DARREN	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-DEC-2014 08:01	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2014 07:51	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2014 07:49	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2014 12:13	DELANEY, RICHARD	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-DEC-2014 09:48	BOWENS, DARREN	INVESTIGATOR 2 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	DOCUMENTS - INTAKE INCIDENT		1		N	DELANEY, RICHARD	28-DEC-2014 12:06	APPROVED		
1	FACE SHEET					BOWENS, DARREN	28-DEC-2014 09:48			
2	DOCUMENTS - INTAKE INCIDENT		2	For PO Traynor	N	DELANEY, RICHARD	28-DEC-2014 12:12	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	WHITE, LAKENYA	28-DEC-2014 08:01	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 28-DEC-2014) - LOG #1073129

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KERO, ROBERT A			025 /	LIEUTENANT OF POLICE	M	WHI		

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CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	Y	Notification Does Not Apply?	N
Notify Coordinator?			
Notification Other?	Y		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	28-DEC-2014 09:48	BOWENS, DARREN	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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PRELIMINARY	28-DEC-2014 07:51	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2014 07:49	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2014 12:13	DELANEY, RICHARD	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-DEC-2014 09:48	BOWENS, DARREN	INVESTIGATOR 2 COPA	113 /	

EVIDENCE SYNC[™] OFFLINE

DEVICE REPORT

ECD Information**Model #:** TASER_ECD_X2**Serial #:** X3000175N**Firmware Version:** FWBundle Rev. 03.041**Device Health:** Good**Offline Report****Date:**

28 Dec 2014 09:12:59

Local Timezone:

Central Standard Time (UTC -6:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
12/28/2014 05:30:12	12/27/2014 23:30:12	Armed	C1: 25' Standard C2: 25' Standard		22°C 22°C	80% 80%
12/28/2014 05:30:14	12/27/2014 23:30:14	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		80% 80%
12/28/2014 05:30:16	12/27/2014 23:30:15	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	22°C 22°C	80% 80%
12/28/2014 11:37:23	12/28/2014 05:37:23	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	80% 80%
12/28/2014 11:37:25	12/28/2014 05:37:25	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	29°C 29°C	80% 80%
12/28/2014 14:24:16	12/28/2014 08:24:16	Armed	C1: 25' Standard C2: 25' Standard		29°C 29°C	80% 80%
12/28/2014 14:24:17	12/28/2014 08:24:17	Trigger	C1: Deployed	5s		80% 80%
12/28/2014 14:24:24	12/28/2014 08:24:24	Trigger				79% 79%
12/28/2014 14:24:26	12/28/2014 08:24:26	Safe	C1: Deployed C2: Deployed	10s 10s	30°C 30°C	79% 79%
12/28/2014 15:07:51	12/28/2014 09:07:51	Armed	C1: Deployed C2: Deployed		21°C 21°C	79% 79%
12/28/2014 15:07:56	12/28/2014 09:07:56	Safe	C1: Deployed C2: Deployed	5s 5s	21°C 21°C	79% 79%
12/28/2014 15:10:17	12/28/2014 09:10:17	USB Connected	C1: Invalid Carl. Type C2: Invalid Carl. Type		22°C 22°C	0% 0%
12/28/2014 15:10:35	12/28/2014 09:10:35	Time Sync	12/28/2014 09:10:35 to 12/28/2014 09:12:31			

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 28-DEC-2014		TIME 08:27:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 290		4. BEAT/OCCUR 2535												
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME TRAYNOR	7. FIRST NAME CHRISTOPH J	8. STAR NO. 8903	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 500	13. WT. 210											
	14. DATE OF APPT 03-JAN-1995	15. EMPLOYEE NO. 55990	16. UNIT & BEAT OF ASSIGNMENT 025 2535		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WBH	25. DOB [REDACTED]	26. HT. 508	27. WT. 160										
	28. PHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
32. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		33. BY WHOM? [REDACTED]		34. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		35. CHARGES PLACED <input type="checkbox"/> DNA <input type="checkbox"/> IR NO. <input type="checkbox"/> DNA														
REASON FOR USE OF FORCE (Check all that apply)	36. PASSIVE RESISTER		37. ACTIVE RESISTER		38. ASSAILANT: ASSAULT		39. ASSAILANT: BATTERY		40. ASSAILANT: DEADLY FORCE											
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____											
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 43) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 43) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____											
	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		42. ADDITIONAL INFORMATION [REDACTED]																	
WEAPON DISCHARGE INCIDENT	43. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		44. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		45. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		46. WEATHER CONDITIONS CLEAR		47. MAKE/MANUFACTURER			48. MODEL	49. BARREL LENGTH	50. CALIBER/GAUGE						
	49. TASER DART ID NO. C6200AX44, C6200AMRV		51. WEAPON SERIAL NO. (Include Letters) X3000175N		52. CHICAGO GUN REG. NO.		53. IL FIREARM OWNER ID. NO.		54. HANDGUN CERTIFICATE NO.											
CASE INFO.	55. SPECIAL WEAPON CERTIFICATE NO.		56. PROPERTY INVENTORY NO.		57. TYPE OF AMMUNITION USED		58. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 2		59. TOTAL NO. OF SHOTS MEMBER FIRED			60. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		61. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		62. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		63. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		70. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
SIGNATURES	72. REPORTING MEMBER (Print Name) TRAYNOR, CHRISTOPH J		STAR/EMPLOYEE NO. 8903		SIGNATURE [REDACTED]		DATE REVIEWED 28-DEC-2014 11:57:28		TIME		73. REVIEWING SUPERVISOR (Print Name) TANTILLA, MICHAEL A				STAR NO. 2301		DATE REVIEWED 28-DEC-2014 11:57:28		TIME	
	74. REVIEWING SUPERVISOR (Print Name) TANTILLA, MICHAEL A		STAR NO. 2301		DATE REVIEWED 28-DEC-2014 11:57:28		TIME		75. REVIEWING SUPERVISOR (Print Name) TANTILLA, MICHAEL A				STAR NO. 2301		DATE REVIEWED 28-DEC-2014 11:57:28		TIME			

CPD-11.377 (REV. 10/07)

CPD 0271127

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☒ UNABLE TO INTERVIEW (Specify Reason)

Subject is currently at [REDACTED] receiving treatment for injuries from a fall.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer's actions were in compliance with current laws and Department guidelines.

Log # 1073129 obtained to track discharge.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO /CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

KERO, ROBERT A

SIGNATURE

DATE COMPLETED

TIME

28-DEC-2014 12:01:11

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

1

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

CLEARED CLOSED (ARREST AND PROSECUTION)

IUCR: 0486 - Battery - Domestic Battery Simple

3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer

Occurrence

Location:

090 - Apartment

Beat: 2535

Unit Assigned: 2532

RO Arrival Date: 28 December 2014 08:24

Offenders: 1

Occurrence Date: 28 December 2014 08:10 - 28 December 2014 08:15

VICTIM - Individual

Name:

Res:

Beat: 2535

Beat: 5100

Sobriety: Sober

Demographics

Female

White Hispanic

5'00,

165 lbs

Brown Eyes

Brown Hair

Long Hair Style

Medium Complexion

DOB:

Age:

41 Years

Identification:

Type

State

Number

State Id

Illinois

Other Communications and Availability

Cellular

Phone:

WITNESS - Individual

Name

Res:

Beat: 2535

Beat: 5100

Demographics

Male

Black Hispanic

5'07,

150 lbs

Brown Eyes

Black Hair

Shaved Hair Style

Dark Brown Complexion

DOB:

Age:

44 Years

Birth Place: Puerto Rico

Other Communications and Availability

Cellular

Phone:

PERSON REPORTING OFFENSE - Individual

Name

Res:

Beat: 2535

Beat: 5100

Demographics

Female

White Hispanic

DOB:

Age:

31 Years

Identification:

Type

State

Number

State Id

Illinois

Other Communications and Availability

Cellular

Phone:

INJURIES

Injury Info [REDACTED] - Victim)

Injured by offender

CFD First Aid Given? Yes

Responding Unit: AMBULANCE 3

Type

Blunt Trauma

Blunt Trauma

Injury Extent: Minor

Hospital: [REDACTED]

Physician Name [REDACTED]

Weapon Used

Hand/Feet/Teeth/Etc.

Hand/Feet/Teeth/Etc.

In Custody

Other Weapon Used

Other - Hands And Feet

Other - Hands And Feet

SUSPECTS

Suspect # 1

Name: [REDACTED]

Res: [REDACTED]

Beat: 2535

Demographics

Male

Black Hispanic

5'09,

160 lbs

Brown Eyes

Black Hair

Shaved Hair Style

Medium Brown

Complexion

DOB: [REDACTED]

Age: 54 years

Birth Place: PR

Suspected of Using: Drugs/Narcotics

Other Communications and Availability

INJURIES

Injury Info

CFD First Aid Given? Yes

Responding Unit: Ambulance 52

Type

Fractured

Blunt Trauma

Bruised

Injury Extent: Serious

Hospital: [REDACTED]

Physician: [REDACTED]

Weapon Used

Other

Other

Other

RELATIONSHIP

RELATIONSHIP

(Victim)

[REDACTED]

is a Girlfriend of

(Offender)

[REDACTED]



DOMESTIC INFO	Order of Protection Info	
	Order of Protection #: - IL	
	Procedure Notifications	
	Past Abuses: 4	Domestic Info Notice Provided? Yes
	Transportation Arranged/Provided to Relocate? Declined	Victim Advised of OOP Procedures? Yes
		Victim Advised of Warrant Procedures? Yes
	Victim Advised of Hotline #? Yes	
OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVE

IN SUMMARY: A/O'S PLACED ABOVE SUBJECT INTO CUSTODY IN THAT HE WAS IDENTIFIED AS THE SUBJECT WHO PHYSICALLY BATTERED HIS LIVE IN GIRLFRIEND, THE VICTIM, FOLLOWING A DOMESTIC DISPUTE. VICTIM/COMPLAINANT RELATED THAT SUBJECT PUNCHED HER WITH A CLOSED FIST AND SLAPPED HER WITH AN OPEN HAND ABOUT THE FACE AND HEAD CAUSING REDNESS AND SWELLING, FORCEFULLY CHOKED HER WITH BOTH HANDS AROUND HER NECK CAUSING ABRASIONS AND REDNESS AND REPEATEDLY KICKED HER IN THE ABDOMEN, CHEST AND GROIN CAUSING BRUISES AND PAIN. IT WAS ALSO LEARNED SUBJECT HAD THREATENED TO THROW VICTIM/COMPLAINANT OUT THE FRONT WINDOW FROM [REDACTED] (PERSON REPORTING OFFENSE) A DOWNSTAIRS NEIGHBOR WHO HEARD ENTIRE INCIDENT. UPON CONTACT WITH SUBJECT, USING MEMBERS PRESENCE AND REPEATED VERBAL COMMANDS, A/O'S ATTEMPTED TO PLACE SUBJECT INTO CUSTODY AS HE WAS NON-COMPLIANT AND APPEARED TO BE LOOKING AROUND APARTMENT FOR A WEAPON OR OBJECT AND THEN FLED FROM A/O'S AT WHICH POINT A/O TRAYNOR DEPLOYED HIS TASER WHICH FAILED TO BE EFFECTIVE AND SUBJECT FLED TO AN OPEN FRONT WINDOW, (STATING IN SPANISH, "I'M GOING TO KILL MYSELF." ACCORDING [REDACTED] (WITNESS) VICTIM'S ROOMMATE) AND CLIMBED OUT BEFORE DROPPING 20-25 FEET TO FRONT YARD SERIOUSLY INJURING HIMSELF WHICH WAS WITNESSED BY VICTIM AND WITNESSES. A/O TRAYNOR NOTIFIED OEMC OF TASER DEPLOYMENT AND REQUESTED AMBULANCE. SUBJECT WAS SUBSEQUENTLY TRANSPORTED TO MT. SINAI HOSP. BY CFD AMB#52 WITH BEAT 2524 ASSISTING. THE VICTIM WAS TRANSPORTED BY CFD AMB #3 TO NORWEGIAN AMERICAN HOSP. FOR HER INJURIES. VIN AND DIN GIVEN, OOP STRONGLY ADVISED. BEATS 2520 AND 2590 ON SCENE. VICTIM GIVEN CORRECT COURT DATE, TIME AND LOCATION AND WILL APPEAR ACCORDINGLY. CHARGES: 720 ILCS 5/12-3.2-A-1 DOMESTIC BATTERY-BODILY HARM AND 720 ILCS 5/31-1A RESIST P.O. BRANCH 63-2 ON 13 JAN 2015, 0900E.T. ORDERED FOR PHOTOS OF VICTIMS INJURIES.

NOTIFICATION: VIOLENT CRIMES CRUZ Beat#: 5383 Star#: 21060 Emp#: Date: 28-DEC-2014 Time: 1205 NOT

- STAR#: 6341 NAME: PAUL LAUBER BEAT: 2532
- STAR#: 15160 NAME: CHRISTIAN NUNEZ BEAT: 2524
- STAR#: 8903 NAME: CHRISTOPH TRAYNOR BEAT: 2535
- STAR#: 2301 NAME: MICHAEL TANTILLA BEAT: 2520
- STAR#: 506 NAME: ROBERT KERO BEAT: 2599

PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	2301	TANTILLA, Michael, A	[REDACTED]	28 Dec 2014 12:46	025	
	Reporting Officer	6341	LAUBER, Paul, H	[REDACTED]	28 Dec 2014 12:42	025	2532

